

PLEASE READ ALL INSTRUCTIONS BEFORE

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 01 1999 8:00 am
Secretary of State

DOCUMENT # PA5000063713

1. Corporation Name

DRAXX, INC.

TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

410 Canal Road
Sarasota, FL 34242

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT *16-99*

2. New Principal Office Address, If Applicable

4057 Crockers Lake Blvd.

3. New Mailing Office Address, If Applicable

Same as #2

4. Date Incorporated or Qualified
To Do Business in Florida

8/17/95

Suite, Apt. #, etc.

#2528

Suite, Apt. #, etc.

5. FEI Number

65-0605408

Applied For

Not Applicable

City & State

Sarasota, FL 34238

City & State

Zip

34238

Country

USA

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Addition of Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P, T	Samuel Logan	1400 Quayle Drive	Sarasota, FL 34231
VP, S	John A. McCann	#2528 4057 Crockers Lake Blvd.	Sarasota, FL 34238

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***1200.00 ***1200.00

8. Name and Address of Current Registered Agent

John A. McCann
4057 Crockers Lake Blvd., #2528
Sarasota, FL 34238

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State

FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

John A. McCann

REGISTERED AGENT MUST SIGN

Date

3/29/99

11. This corporation owes or has paid the current year
Intangible Personal Property tax due June 30.

Yes ☐

No ☐

(See other side for information
on intangible tax.)

12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

John A. McCann *John A. McCann* 3/29/99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CRF5040 (1/98)